Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.

Bypass, Boeing and Billions

TO THE EDITOR: The use of coronary bypass operations has blossomed into an industry of monumental proportions. It is estimated that in 1977 there will be 100,000 of these procedures done. They will be associated with a galaxy of subcontractors — exercise testing, angiography, cardiopulmonary units, heart-lung machines — and a host of physicians, technicians and nurses to go with them.

It is no wonder, therefore, that the cost of each procedure along with its satellite costs will be in the neighborhood of $12,000. And 100,000 times $12,000 means the coronary bypass industry will exceed one billion dollars in 1977 alone.

Yet, here we are ten years after the inception of the procedure and the data we have accumulated leave us only reasonably sure that it extends life in the restricted instance of disease of the left main coronary artery. There is growing evidence to support the contention that medical management in most other cases is at least as effective as surgical operation.

There is a flurry of interest in firming up the specifics for application of bypass surgical procedures and we can look forward to the elucidation of some further "reasonably certain" indications for it. These lessons will be of value and of interest, but they are not the most important lessons bypass should teach us.

First, we should ask ourselves a question: How could we let a billion-dollar industry develop in Medicine when we are so incredibly unsure of the product we have to sell? Surely outsiders—bureaucrats, insurers, the informed public—can hardly expect to remain sanguine about such reckless behavior by what now appears to be a permissive and irresponsible medical community.

We must learn that our behavior in this instance is unacceptable.

Let's look at another big industry and see how it behaves. When the directors of the Boeing aircraft company decide to make a jumbo jet they know they are committing their company to years of research and development. They also know that *only* when the product can fly and perform as promised will they be able to sell it. They don't fail to remember that the sale of a new product has not two but three requirements. Research and development of course, but in addition adequate, carefully controlled trial must precede any hope that the product will be accepted.

If the promoters of coronary bypass were making airplanes they would find it difficult to sell tickets on those planes with the paucity of adequate, carefully controlled trial which has been shown to date. In fact, medicine appears to belong in that part of the business world where Lockheed lurks—get something started and let cost-plus, no-limit public subsidies do the rest. It is as if a new medical procedure generates a special form of hysteria which pushes care and patience aside.

Even with all of its recent crop of warts, the Food and Drug Administration would not be expected to release a drug which could not prove its specific usefulness in the space of ten years.

The bypass procedure has been permitted to come to the public without a proper protocol and with little if any hint of licensure, certification, restriction or restraint upon it. It has been done in institutions where there is no possibility for the accumulation of significant, objective data about the procedure. As a result our current

opinions about bypass are based, after this long time, on only a fraction of the data which could be available.

Let's go back ten years and look at another scenario:

> The bypass procedure is developed. At that moment the medical profession institutes the restraint which will let the procedure get to the marketplace fully formed. It restricts application of the procedure to a dozen institutions which are fully capable of generating hard, objective data. (After all, we wouldn't expect Boeing to farm out its models to just any old wind tunnel.) Then, after five years—or ten, if need be—when the procedure and its areas of usefulness are fully understood, it is released to institutions for the general public application, along with a full set of instructions about when and where to apply it.

The above scenario, relieved of hysteria and opportunism, would permit this medical innovation to have a rational existence with no hint of the reckless abandon characterizing our present state of affairs.

Only if we change our manner of approach to new advances in medical care will we have an opportunity to direct traffic in the medical New World that is coming. And only a high degree of responsibility in these medical (and socio-economic) areas will permit physicians a strong voice in the evolution of American health care.

Bypass has done some medical good. Now, if we have learned our lesson, it will have done much good for Medicine, as well.

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A Complaint About Advertising

TO THE EDITOR: The road to hell is paved. Not only is it sleek concrete, but it has ten lanes, and the Federal Trade Commission (FTC) seems to have won the paving contract.

First the "good intentions" (that paved the road). In December 1975 the FTC filed a complaint against the American Medical Association, charging that its "principles of medical ethics" prohibited physicians from generating business by advertising, price competition and competitive practices. This resulted in a "restraint of trade." An FTC trial has been scheduled for September 1977. Implicit in the FTC complaint is a lack of homework at worst and an absence of reflection at best.

The purchase of medical services is a little different than comparison shopping for laundry soap. Our "product" is variable in ways unknown and often incomprehensible to potential consumers. Every physician could advertise and list his credentials: age, education, academic achievements, papers written, certification and so on. No question, this would be helpful to consumers who were sufficiently sophisticated to evaluate such *credentials,* but to the vast majority it would be meaningless. Also, a list of credentials for such purposes could easily mislead.

In the final essence, does it tell the potential patient that an individual physician so identified is a "good doctor"? Obviously it does not. Is the physician "worth" what he charges? (Even assuming he is able to predict in advance what the charge will be—which is impossible, since before the first encounter, the physician has no idea where the diagnostic and therapeutic trail will lead.) Even so, what is the price tag on competence, kindness, perserverance?

So most of us will not advertise. What do you put in an advertisement to "sell" your services (even if your waiting room were not overcrowded and you were beginning to book three to four months in advance). We will not advertise because we consider it unprofessional, impertinent and probably counterproductive to the health and welfare of our patients.

But there are some who revel in the infinite wisdom of the FTC—and do advertise. And they do it with all the elegant restraint of a carnival barker. A small but tawdry group of cosmetic surgeons offers swift success through cunning physical reconstruction, leading to a life of new and undreamed of delight and achievement.

The fat doctors and all the rest of the mangy pack of medical ridge runners—who have been swept under the rug of our conscience for so many years—are beginning to surface. They are bobbing up from the depth like red buoys, to taint us and taunt us with their unsavory exclamations. And this could be just the beginning. I can almost smell the snake oil and burning pine knots as a sophisticated 20th century medicine man, pulling out all the media stops, pushes (always in